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ABSTRACT

It is estimated that attention deficit disorder (ADD) affects from 3 to 10% of school age students. The ratio of male to female is reported as high as six to one. Children with ADD display signs of inappropriate inattention, impulsivity, and hyperactivity and are more likely than other children to have a variety of academic and social problems. ADD problems lead to difficulty within the family and at school. Combined with psychological problems associated with preadolescence, middle school ADD students often become frustrated and suffer low self-esteem. The school counselor has a special role in helping these children, their teachers, parents, and peers. The middle school counselor has two important functions in serving ADD students: (1) coordinating multidisciplinary services; and (2) counseling with ADD children and significant others. No one else is as able as the counselor to provide individual and group counseling and encourage a sensitive and supportive environment for ADD children, their significant adults, and their age mates. Contains 18 references. (JBJ)

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The Role of the Counselor with Attention Deficit Disorder Students in Middle School

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Abstract

Characteristics of attention deficit disorder (ADD) and associated middle school problems are described. Guidelines are given for middle school counselors addressing special needs for counseling and personal support of ADD students and their significant adults.

The Role of the Counselor with Attention Deficit Disorder Students in Middle School

Students with attention deficit disorder (ADD) often experience behavioral, academic, and emotional problems. Combined with the psychological problems associated with pre-adolescence, middle school ADD students often become frustrated and suffer low self esteem. The school counselor has a special role in helping these children, their teachers, parents, and peers. In this article, the effect of ADD and associated middle school problems on self esteem are described with implications and guidelines for counselors.

Characteristics of ADD

ADD refers to the disorder with or without hyperactivity although the most recent name chosen by the American Psychiatric Association (1987) is "attention deficit hyperactive disorder (ADHD). It is estimated that attention deficit disorder (ADD) affects from 3% to 5% (Barkley, 1990) up to 10% (Alabisco & Hansen, 1977) of school age students. The ratio of male to female is reported as high as six to one. Children with ADD display signs of inappropriate inattention, impulsivity, and hyperactivity. They are more likely than other children to have a variety of academic and social problems although ADD is not related to intelligence (Wender, 1987).

The most supported theory currently is that ADD is a genetically determined developmental disorder in which

neurotransmitter deficits cause underactivity of portions of the brain that deal with attention, modulating mood and self control. Inattentiveness and distractibility, impulsivity, restlessness, demandingness, perceptual and learning difficulties, social aggressiveness, and hyperactivity are considered inborn characteristics (Hosie & Erk, 1993; Wender, 1987).

ADD problems lead to difficulties within the family as family members react to a child's unpredictable and difficult behavior. Family stresses add to the problem of ADD students, who typically handle stress by being moody, naughty, and restless. How a child is treated can affect the severity and expression of the problem but does not cause ADD.

During early years of elementary school, restlessness is a primary problem, and during the latter part of elementary school, academic and antisocial problems appear. In early adolescence (around middle school), the focus is on antisocial problems as academic problems are taken for granted. Usually hyperactivity and related symptoms diminish or become more easily managed around puberty. As they move into adulthood, some students outgrow many troublesome symptoms, although there is evidence that some ADD adults have lingering problems with impulsivity, concentration, and "stick-to-itiveness" (Wender, 1987).

School Problems

In school, the primary areas of difficulty for students with ADD include a short attention span, impulsivity, and disobedience

of rules or social norms (Wilmoth & Mock, 1987). ADD students generally lack the ability to concentrate and to follow through on long, tedious tasks. They seem to act without reflection or consideration of consequences. Assignments often are not completed or are misplaced or lost. Because they generally do not tolerate frustration, have poor planning and judgment, and lack problem solving skills, ADD students are likely to fall behind and become underachievers (Wender, 1987).

Social skills are a major problem. ADD students appear insensitive to the feelings of others, resistant, domineering, and aggressive in social interactions. They often exhibit insatiable demands for attention. It is easy to trace the path to poor peer relationships and strained teacher/student interactions which reinforce low self esteem (Wender, 1987).

Although not all ADD students have learning problems, some learning problems are associated with ADD. Alabisco and Hansen (1977) pointed out a common misconception ADD children have of themselves as students.

> They are often told that they are "lazy." The fact that they have achieved high grades in certain subjects is held up to them as "proof" that they can "do it if they want to." Such children are often chastised . . . for their "low motivation and lack of self discipline" when in fact their performance in school reflects the uneven development of their cognitive abilities (p. 192).

Middle School Years

Middle school is an especially difficult time for ADD students who are ill-prepared for the stresses of pre-adolescence and adolescence. Hyperactivity usually decreases during this time, but impulsivity, concentration problems, and low frustration tolerance persist into adolescence (Wender, 1987).

Merging internal neurological deficits and outer behavioral problems creates significant problems in self esteem and social functioning (Henry, 1988), and ADD students may withdraw, become overly aggressive, or exhibit sudden mood swings. Limited self control and inadequate perceptions of their impact on others make it hard for them to gain peer acceptance, which is especially painful in early adolescence and may lead to acting out, bragging about fictitious accomplishments, lying, or cheating. Since ADD students typically desire activities that are exciting and dangerous, they may associate with delinquent peers, developing patterns of truancy and/or depression. Severe cases are much like conduct disorders (August & Garfinkel, 1989; Szatmari, Boyle, & Offord, 1989), an observation supported by a review of adjudicated delinquents from ages 6 to 17 in Cook County, Illinois which revealed that 46% were ADD (Zagar, Arbit, Hughes, & Bussell, 1989). Older adolescents may be rebellious, unwilling to listen to authority, and at risk for alcohol abuse (Barkley, 1990). There is a higher rate of experimentation with drugs, but not actual chemical dependency or addiction (Henry, 1988).

Problems of ADD in the middle school may be amplified because middle school is less structured than elementary school, students must monitor themselves, they have several teachers, and homework requires planning and application. Lack of success and criticism by frustrated adults contribute to a pattern of low self esteem. Experts agree that psychological treatment should be considered at least until the most severe physiological symptoms are alleviated or outgrown (Wender, 1987).

Role of the Counselor

The middle school counselor has two important functions in serving ADD students: coordinating multidisciplinary services and counseling with ADD children and significant others.

Coordination and Education

Since many ADD students are identified before entering middle school, it is likely that they have already received some treatment. It is helpful for teachers to be aware of behavioral management strategies to reduce distractability and impulsivity within the classroom and increase appropriate behavior and self esteem (Doenlen, 1991). It is also helpful for teachers to be aware of medical treatment and other treatment strategies such as home reinforcement systems, time outs, token economies (Barkley, 1990), and assertive discipline (Jaffe, 1988) and to cooperate with parents and doctors to carry through on strategies and management techniques. A school counselor can distribute

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information, provide inservice training, and consult with teachers regarding these strategies and techniques.

If a student is not yet identified and displays ADD symptoms, the school counselor may consult with the student, parents, teachers, and other professionals to collect information to aid the child's physician in making a medical diagnosis. The counselor can also let adults and children know of the availability of the counselor for individual and group counseling as well as make referrals to counseling groups available in the community (CH.A.D.D., 1991; Psychological Services, School District of Escambia County, FL, 1992).

Medication. Once ADD is identified, a number of professionals as well as parents may be involved in treatment. About 75% of students with ADD respond positively to various medications, which must be prescribed and monitored by a physician. It is helpful for school personnel and parents to recognize the potential benefits of drug management and to support students who are on medication. It is important to treat the underlying disorder first, and once symptoms are stabilized, work can begin on educational, behavioral, and psychological problems. However, medication is not the answer to all ADD students. It is the responsibility of the physician to recommend drug treatment and the decision of parents to accept it or not.

The psychostimulants (Ritalin, Cylert, and Dexedrine) are the foundation of medical treatment today and appear to work best

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for students who have attentional problems that significantly compromise the ability to learn in adolescents as well as younger children (Biederman & Steingard, 1989; Shulman, 1988). A large proportion of ADD students can benefit from medication and with some it is the only treatment required. This was illustrated in a recent action study conducted in a middle school. The study, designed to measure effectiveness of behavioral strategies, was abandoned because medically treated ADD students did not exhibit any more problem classroom behavior than matched non-ADD control students (Yaden, 1988). The most obvious effects of medication are that ADD students become calmer and less active, develop a longer attention span, and become less stubborn. They frequently become more sensitive to the needs of others and are more responsive to discipline. Moods sometimes stabilize, impulsivity decreases, and the students become less disorganized (Hinshaw, Henker, Whalen, & Erhardt, 1989; Shulman, 1988, Wender, 1987).

Parents should be aware of how the particular drug should work, what side effects it can produce, and what, if any, hazards may accompany its use. Some ADD students, especially students with milder symptoms, can be helped without medication, but since there is no way to predict which students will respond, Wender (1987) believes risks are minimal and that all ADD students deserve a trial of medication, because of the potential benefits. Shulman (1988) stresses, however, that the "use of medication is only one mode of treatment for ADHD and should never be used

without giving consideration to the inclusion of other modalities such as educational and psychological treatment" (p. 4).

Behavioral and educational management. A combination of drug management and behavioral techniques is seen as the best treatment model at the present time (Barkley, 1990). Educational remediation and management can be provided through the use of behavioral management techniques in the classroom, special behavior management programs, and remedial or "catch up" tutoring. Regardless of the plan employed, providing treatment early helps students avoid emotional and personal problems that accompany their failure and disruptive behavior (Shapiro, 1987).

Counseling

Children with ADD are as unique as any children and present compounded problems that may be issues for counseling, including their limited accessibility to a counseling relationship. ADD, when other disorders are controlled, is associated with impaired relationships, as well as impaired school performance and competence in extracurricular activities (Szatmari, Boyle, & Offord, 1989). Carlson, Lahey, Frame, & Walker (1989) reported that ADD children, on sociometric measurements, received fewer "liked most," more "liked least," and lower social preferences. Even children whose symptoms are controlled often have residuals of low self esteem regarding their social attractiveness as well as their competence. Medically controlled ADD children sometimes

have feelings of "being different" because of their medications and past experiences.

Individual counseling. Treating hyperactive and inattentive behaviors is only part of the solution, and children with ADD need a facilitating alliance with a trustworthy adult and, whenever possible, the fellowship and encouragement of a supportive cohort to address their low self esteem, impaired relationships, and feelings of being different. ADD has baffled and frustrated adults close to these children, and the children are even more bewildered because the questions are personal: What's wrong with me? Why don't other kids like me? Why can't I do what other kids do? Why do adults yell at me?

The inventiveness of the counselor is challenged by these children because they bring their attention and behavior problems with them into the counseling relationship. As an example of a creative response, one counselor used running-in-place and, when that disturbed people downstairs, bicycling-in-the-air to channel some excess motor activity. As the child calmed down, they talked and developed a trusting alliance that encouraged the child to disclose his real concerns. Some days counselor and child sat and talked; other times, their conversation was punctuated with air pedaling. It worked.

Group counseling. Group counseling may be very helpful for ADD children for whom symptoms are controlled. Shared experience is a powerful base for psychosocial growth for middle school

children as well as adults. Children whose hyperactivity and inattentiveness are too disruptive for groups may achieve readiness for group through individual counseling. A child with severe symptoms may be brought in individually without disrupting an ongoing group of children with controlled symptoms. Support groups of ADD children can offer a powerful dimension that is different from adult-led therapy.

Support groups for adults. Adults involved with ADD children, as well as the children themselves, present counseling issues that are not completely addressed by treatment of behaviors. It is not uncommon for well-meaning parents and teachers of ADD children to feel frustrated, anxious, and angry. They may blame themselves for the symptoms, and they often feel guilty for their irritable and punitive behavior toward the ADD children they care about. Counselors may initiate support groups for teachers who work with ADD children and for parents of ADD children. Recognizing and resolving feelings is important for adults who are significant in the lives of ADD students.

Classroom guidance. In classroom guidance activities, counselors may include components that give all children developmentally appropriate information about ADD. Increased understanding and tolerance on the part of classmates can help prevent escalations and resultant bad feelings. Children who can be cruel to each other can also be encouraged to be sensitive and

supportive to each other. Such understanding and mutuality are the building blocks of self esteem.

Conclusion

Children with ADD comprise a significant middle school population with special needs. Because ADD children and their significant adults have special needs for counseling and personal support, the middle school counselor is pivotal. No one else is as able as the counselor to provide individual and group counseling and encourage a sensitive and supportive environment for ADD children, their significant adults, and their age mates.

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